PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE are required to respond ction of information unless it displays a valid OMB control number. Act of 1995, no persons Application Number 10/017,746 Filing Date December 7, 2001 RANSMITTAL First Named Inventor Van Barlow FORM Art Unit 3721 **Examiner Name** Lopez, Michelle (to be used for all correspondence after initial filing) Attorney Docket Number 510P004 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information** Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Remarks Certified Copy of Priority Document(s) Reply to Missing Parts/ Appeal Brief Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Nields & Lemack Signature Printed name Kevin S. Lemack Reg. No. 32.579 Date 2005 March 24,

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PTO/SB/17 (12-04)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

TRANSMITTAL For FY 2005

X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 475.00

Complete if Known					
Application Number	10/017,746				
Filing Date	December 7, 2001				
First Named Inventor	Van Barlow				
Examiner Name	Lopez, Michelle				
Art Unit	3721				
Attorney Docket No.	510P004				

METHOD OF PAYMENT (check all that apply)							
METHOD OF PAYMENT (check all that apply) X Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 14-0930 Deposit Account Name: Nields & Lemack For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION	2011 4112	EV A MINI A TI	ON EEES				
1. BASIC FILING, SEA	FILING	EXAMINATI FEES Small Entity Fee (\$)	SEARCH	FEES mall Entity Fee (\$)		TION FEE mail Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
for each additiona Total Sheets	d drawings 1 50 sheets of Extra She	r fraction th	ereof. See 30 (mber of each a	J.S.C. 41(a dditional 50	a)(1)(0) and z	ereof <u>F</u>	50 (\$125 for small entity) 16(s). Fee (\$)
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Brief on Appeal Fee and two month extension \$475.00							

SUBMITTED BY Signature	1/00	Registration No. (Attorney/Agent) 32,5	Telephone 508-898-1818
	Kevin S.	Lemack	Date March 24, 2005
Name (Print/Type)	KCVIII D.		

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